

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589186

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
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8		/		/		
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46		/		/		
47		/		/		
48	/		/			
49		/		/		
50		/		/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
53		/		/		
54		/		/		
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	10	↓	10	↓		↓
TOTAL DEP.	74	←	72	←		←
TOTAL CLAIMS	84		82			